

## Adult Companion Services (age 21 and over)

**Definition:** Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care but may entail hands-on assistance or training to the participant in performing activities of daily living and independent living skills. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the Support Plan and is not diversional in nature. Reimbursement will not be made to any family members residing in the same residence as the participant.

The unit of service is one hour, provided by one Companion worker.

**Service Limits:** Adult Companion Services are limited to a maximum of 28 hours per week, as determined by SCDDSN assessment. A week is defined as Sunday through Saturday. When Adult Companion is authorized in conjunction with Adult Attendant Care and/or Personal Care 2, the combined total hours per week of services may not exceed 28. Unused units from one week cannot be banked (i.e. held in reserve) for use during a later week.

Note: Persons receiving Residential Habilitation cannot receive Companion Services through the MR/RD Waiver **unless they reside in a SLP I**. The definition of Residential Habilitation allows for services that Adult Companion would provide. If an individual is assessed to need Adult Companion Services while residing in a SLP I (and they also receive Residential Habilitation), then Adult Companion Services can be provided at times when Residential Habilitation is **not** being provided. If Adult Companion is provided concurrently with Residential Habilitation, there must be clear documentation that the therapeutic goals addressed by the companion cannot be addressed by habilitation. For Residential Habilitation provided through a SLP I, one unit equals one hour of service.

**Providers:** Adult Companion Services are provided by companies/agencies contracted with DDSN as qualified providers of Adult Companion Services. The Adult Companion Services provider must meet the minimum qualifications and training requirements outlined in SCDDSN's "Home Supports Caregiver Certification" (February 2008) or be a DSN Board employee.

**Arranging for and Authorizing Services:** As indicated in the definition, Adult Companion Services must be provided in accordance with a therapeutic goal. The Service Coordinator must document the need for the services in the participant's Support Plan along with the goal(s)/objective(s) to be implemented by the companion. The Support Plan must also include documentation of the amount and frequency of the service, as well as the projected completion date for the goal(s)/objective(s).

**For those participants who receive Day Activity, Community Services, Career Preparation Services and/or Employment Services through the waiver, Adult Companion Services are not prohibited. While not prohibited, it is not recommended that Adult Companion Services be provided in addition to these habilitation services, as they generally allow for services that Adult Companion would provide. If Adult Companion services are provided concurrently with habilitation services, there must be clear documentation that the therapeutic goals addressed by the companion cannot be addressed through habilitation.**

Upon determining that a participant needs Adult Companion Services, the Service Coordinator will offer a choice of providers of this service and document this offering.

Once a provider is chosen, the Service Coordinator must update the Waiver Tracking System to reflect the addition of the needed services by using Service Code S67.

Once approved, Adult Companion Services can be authorized using the Authorization for Adult Companion Services (MR/RD Form A-22). This form authorizes the provider to bill the Financial Manager for services rendered.

**Monitoring Services:** The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Adult Companion Services:

- During the first month of service, monitoring should be conducted while the service is being provided, unless the Service Coordination Supervisor documents an exception. An exception can only be made when the service is provided in the late evening or early morning hours (between 9:00 pm and 7:00 am).
- Services should be monitored at least once during the second month of service.
- Services should be monitored at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring should start over as if it is the start of service any time there is a change of provider.
- Monitoring should be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).
- Except for the initial monitoring, this service may be monitored during a contact with the participant/representative or with the service provider. It may also be monitored during a review of medical assessments/notes regarding treatment provided.

Some questions to consider during monitoring include:

- ❖ Is the participant receiving Adult Companion Services as authorized?
- ❖ Does the companion show up on time and stay the scheduled length of time?
- ❖ Does the companion show the participant courtesy and respect?
- ❖ Does the service need to continue at the level at which it has been authorized?
- ❖ Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?
- ❖ What type of training is the participant receiving? Is the participant satisfied with the training?
- ❖ Are the training areas consistent with the goals on the participant's Support Plan?
- ❖ Is the participant making progress in training areas identified? If not, are goals and objectives reviewed and amended as needed?

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
MR/RD WAIVER**

**AUTHORIZATION FOR ADULT COMPANION SERVICES  
TO BE BILLED TO FINANCIAL MANAGER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: \_\_\_\_\_

*You are hereby authorized to provide Adult Companion Services for:*

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Medicaid # \_\_\_\_\_

*Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service.*

Start Date: \_\_\_\_\_

Authorized Total: \_\_\_\_ Units per week (no more than 28; 1 unit = 1 hour)

Service Coordination Provider: \_\_\_\_\_ Service Coordinator Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing Services

\_\_\_\_\_  
Date